
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for an original application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am an original, first and joint inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

CARDIAC PACEMAKER

SPECIFICATION IDENTIFICATION

The specification was filed on August 29, 2003, as Serial No. 10/ , .

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

PRIORITY CLAIM (35 U.S.C. §§ 119(a)-(d), (f) 172, and 365(a) and (b))

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

Such applications have been filed as follows.

**PRIOR FOREIGN APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)**

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 37 U.S.C. SECTION 119
Germany	102 41 089.5	2 September 2002	yes

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

**AUTHORIZATION OF ATTORNEY(S) TO ACCEPT AND
FOLLOW INSTRUCTIONS FROM REPRESENTATIVE**

The undersigned to this declaration and power of practitioner hereby authorizes the U.S. practitioner(s) named herein to accept and follow instructions from:

Eisenfuehr Speiser & Partner
Spreepalais am Dom
Anna-Louisa-Karsch-Strasse 2
Berlin, D-10178 Germany

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. practitioner(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. practitioner(s) will be so notified by the undersigned.

SEND CORRESPONDENCE TO

Stephen L. Grant
Hahn Loeser & Parks, LLP
1225 W. Market St.
Akron, OH 44313
USA

DIRECT TELEPHONE CALLS TO:

Stephen L. Grant
330-864-5550

CUSTOMER NUMBER 021324

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Ulrich Busch

Inventor's signature _____
Date _____ **Country of Citizenship** Germany
Residence Berlin Germany
Post Office Address Hentigstrasse 36, Berlin D-10318 Germany

Prof. Dr. Max Schaldach – deceased – completed on added page

Inventor's signature _____
Date _____ **Country of Citizenship** Germany
Residence Erlangen Germany
Post Office Address Turnstrasse 5, Erlangen D-91054 Germany

SIGNATURE BY LEGAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR
(37 CFR 1.42 and 1.43)

I, Dr. Max Schaldach, Jr., hereby declare that I am a citizen of Germany, residing at Wangenheimstrasse 45, D-14193 Berlin, Germany, and that I am executing and signing the declaration to which this is attached as legal representative (or heirs) of:

Country of Citizenship:

Prof. Dr. Max Schaldach
Germany

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: _____

Signature of legal representative (or all heirs)